

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Ms.** FIRST **Dianne** MI **K**
NICKNAME LAST SUFFIX

JONES

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
P.O. Box 630264
Irving, TX 75063

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(980) 253-1007

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Ms.** FIRST **Anthea** MI
NICKNAME LAST SUFFIX

Johnson

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE
3553 Turtle Creek Blvd, Suite 518
Dallas, TX 75219

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 207-4614

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
9 / 30 / 2022 THROUGH **10 / 31 / 2022**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
9 / 18 / 2022 General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)
County Court at Law #4

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received

BY **PUTY**

JOHN F. WARRIN
COUNTY CLERK
DALLAS COUNTY

2022 OCT 31 AM 8:10

FILED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | |
|--|---|--|
| 15 JC/OH NAME <i>Dianne Kathryn Jones</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>23,850.00</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>34,862.88</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>44,187.60</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>1321.00</i> |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Dianne X Jones
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is *Dianne Kathryn Jones*, and my date of birth is *08/25/1963*.
 My address is *P.O. Box 630264*, *Irving*, *Tx*, *75063*.
(street) (city) (state) (zip code) (country)
 Executed in *Dallas* County, State of *Tx*, on the *30th* day of *October*, 20*22*.
(month) (year)
Dianne X Jones
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

| | |
|---|---|
| 19 FILER NAME <i>Dianne K Jones</i> | 20 Filer ID (Ethics Commission Filers) |
|---|---|

| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|-----|---|--------------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Dianne Kathryn Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10/4

5 Full name of contributor

out-of-state PAC ID#: _____

William Compton

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City: State: Zip Code

3131 Maple Apt 4F, Dallas, TX 75201

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

William G. Compton LLP

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor

out-of-state PAC ID#: _____

Domingo Garcia

Amount of contribution (\$)

\$1000.00

Contributor address;

City: State: Zip Code

1111 W. Mockingbird Ln, Dallas, TX 75247

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Domingo Garcia

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor

out-of-state PAC ID#: _____

Christopher Hamilton

Amount of contribution (\$)

\$5000.00

Contributor address;

City: State: Zip Code

325 N. Saint Paul, St Suite 3300, Dallas TX 75201

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm.

Hamilton Wing LLP

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Dianne Kathryn Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10/4

5 Full name of contributor out-of-state PAC ID#: _____

Geoffrey Schorer

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

328 W Interstate 30, Site 2 Garland 75043

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Schorer Law Firm PC

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor out-of-state PAC ID#: _____

Carlos Balido

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

10440 N Central Expwy, Ste 1500, Dallas 75231

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Walters, Balido & Cream, L.L.P.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor out-of-state PAC ID#: _____

Shanita Blackwell

Amount of contribution (\$)

\$ 250.00

Contributor address; City; State; Zip Code

3710 Rawlins, Ste 1420, Dallas, TX 75219

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Shanita Blackwell

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME <i>Dianne Kathryn Jones</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/11</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Sandra LEE</i> | 7 Amount of contribution (\$) <i>\$100.00</i> |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Contributor's principal occupation <i>N/A</i> | | 9 Contributor's job title |
| 10 Contributor's employer/law firm | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>10/12</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Dunn Sheehan LLP</i> | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address; City; State; Zip Code <i>5910N. Central Exp, Suite 1310, Dallas, TX 75206</i> | | |
| Contributor's principal occupation <i>Law Firm</i> | | Contributor's job title |
| Contributor's employer/law firm <i>Dunn Sheehan LLP</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date <i>10/13</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JR ARNETT, James</i> | Amount of contribution (\$) <i>\$2,500.00</i> |
| Contributor address; City; State; Zip Code <i>8150 N Central Exp, Suite 500, Dallas, TX 75206</i> | | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title <i>Attorney</i> |
| Contributor's employer/law firm <i>Carter Arnett PLLC</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Dianne Kathleen Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10/14

5 Full name of contributor

Michael Cole

out-of-state PAC ID#: _____

7 Amount of contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

3607 Cole Ave, 144, Dallas, TX 75206

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

self

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor

Munch Hardt Kopf & Hauck PC

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

500 N Akard Suite 300, Dallas, TX 75201

Contributor's principal occupation

Attorney Law Firm

Contributor's job title

Contributor's employer/law firm

Munch Hardt Kopf & Hauck PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

10/4

Full name of contributor

Jeffrey M. Tillotson

out-of-state PAC ID#: _____

Amount of contribution (\$)

\$5000.00

Contributor address; City; State; Zip Code

1807 Ross Avenue, Suite 325, Dallas, TX 75201

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Jeffrey M. Tillotson P.C.

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME <i>Dianne Kathryn Jones</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/17</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Christal Graham-Jones</i> | 7 Amount of contribution (\$) <i>50.00</i> |
| 6 Contributor address; City: State: Zip Code <i>1210 Neaghley St, Farnell, PA 16121</i> | | |
| 8 Contributor's principal occupation <i>educator</i> | | 9 Contributor's job title |
| 10 Contributor's employer/law firm <i>State of Pennsylvania</i> | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| | | |
| Date <i>10/17</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Carlene Knebel</i> | Amount of contribution (\$) <i>\$ 2000.00</i> |
| Contributor address; City: State: Zip Code <i>1000 Elk Ridge Rd, Prosper, TX 75078</i> | | |
| Contributor's principal occupation <i>None</i> | | Contributor's job title <i>None</i> |
| Contributor's employer/law firm <i>None</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |
| Date <i>10/4</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nicole Taylor Campaign</i> | Amount of contribution (\$) <i>\$ 100.00</i> |
| Contributor address; City: State: Zip Code <i>P.O. Box 2121, Cedar Hill, TX 75106</i> | | |
| Contributor's principal occupation <i>Attorney</i> | | Contributor's job title <i>Attorney</i> |
| Contributor's employer/law firm <i>N/A</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: |
| 2 FILER NAME <i>Dianne Kathryn Jones</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>10/4</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>William M. Toles</i> | 7 Amount of contribution (\$) <i>\$1,000.00</i> |
| 6 Contributor address; City; State; Zip Code <i>5100 Verde Valley #151, Dallas, TX 75254</i> | | |
| 8 Contributor's principal occupation <i>Attorney</i> | | 9 Contributor's job title <i>Attorney</i> |
| 10 Contributor's employer/law firm <i>Munsch Heldt Kopf & Hann</i> | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| | | |
| Date <i>10/4</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Scheep & Stone, LLP</i> | Amount of contribution (\$) <i>\$1000.00</i> |
| Contributor address; City; State; Zip Code <i>500 N. Akard St. Suite 2700, Dallas, TX 75201</i> | | |
| Contributor's principal occupation <i>Law Firm</i> | | Contributor's job title <i>Law Firm</i> |
| Contributor's employer/law firm <i>Scheep & Stone, LLP</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| | | |
| Date <i>10/4</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Apartment Association of Greater Dallas Inc</i> | Amount of contribution (\$) <i>\$1000.00</i> |
| Contributor address; City; State; Zip Code <i>5720 LBJ Fwy, Suite 100, Dallas, TX 75240</i> | | |
| Contributor's principal occupation <i>N/A</i> | | Contributor's job title <i>N/A</i> |
| Contributor's employer/law firm <i>N/A Apartment Association Greater Dallas</i> | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

If the requested information is not applicable, **DO NOT** include this page in the report.

The instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

2 FILER NAME

Dianne Kathryn Jones

3 Filer ID (Ethics Commission Filers)

4 Date

10/4

5 Full name of contributor

out-of-state PAC ID#:

Thompson, Coe, Cousins & Irons, LLP

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

200 N. Pearl St, 8th floor, Dallas, TX 75201

8 Contributor's principal occupation

Law Firm

9 Contributor's job title

Law Firm

10 Contributor's employer/law firm

Thompson, Coe, Cousins & Irons, LLP

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

10/18

Full name of contributor

out-of-state PAC ID#:

Crawford Wishnew Long, PLLC

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

1700 Pacific Ave, Ste 2390, Dallas, TX 75201

Contributor's principal occupation

Law Firm

Contributor's job title

Law Firm

Contributor's employer/law firm

Crawford Wishnew Long PLLC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

out-of-state PAC ID#:

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|----------------|--|
| 4 Date 9/30 | 5 Payee name Lake Highlands Democratic Club |
|----------------|--|

| | |
|--------------------------|---|
| 6 Amount (\$) \$30.00 | 7 Payee address; 1414 N. Washington Ave, Dallas, TX 75204 City: State: Zip Code |
|--------------------------|---|

| | | |
|------------------------------------|---|-----------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage | (b) Description chili cook off |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|----------------------------------|
| Date 10/3 | Payee name Democracy tool box |
|--------------|----------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$12,000 | Payee address; 8552 Royal Country Downs, McKinney, TX 75070 City: State: Zip Code |
|-------------------------|---|

| | | |
|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising/consulting | Description campaign services |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------|--|
| Date 10/4 | Payee name Alpha Phi Alpha Fraternity |
|--------------|--|

| | |
|------------------------|---|
| Amount (\$) \$90.00 | Payee address; 3126 Al Lipscomb Way, Dallas, TX 75215 City: State: Zip Code |
|------------------------|---|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) banquet - food/beverages | Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/5 | 5 Payee name Jot Tabak Provisions | |
| 6 Amount (\$) \$1031.78 | 7 Payee address; City; State; Zip Code 10601 Challenge Dr Ste 250, Frisco, TX 75033 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) fundraising expense | (b) Description food/beverage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/11 | Payee name Reilly Echols Printing | |
| Amount (\$) \$17553 | Payee address; City; State; Zip Code 1710 S Harwood St, Dallas, TX 75215 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) printing | Description Printing expenses |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/11 | Payee name Pinkay's Valet | |
| Amount (\$) \$624.60 | Payee address; City; State; Zip Code 6333 E. Mockingbird Ln, #147-823, Dallas, TX 75214 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) fundraising expense | Description food/beverage |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-----------------|--------------------------------|
| 4 Date 10/13 | 5 Payee name The Order Desk |
|-----------------|--------------------------------|

| | |
|-----------------------------|--|
| 6 Amount (\$) \$12477.31 | 7 Payee address; City; State; Zip Code 2910 Canton St, Dallas, TX 75226 |
|-----------------------------|--|

| | | |
|------------------------------------|---|----------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description postage |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------|---------------------------------|
| Date 10/14 | Payee name Dizely Kindred St |
|---------------|---------------------------------|

| | |
|----------------------|--|
| Amount (\$) 82.84 | Payee address; City; State; Zip Code 334 Boylston St, Boston MA 02116 |
|----------------------|--|

| | | |
|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fundraising exp | Description Appreciation gift |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------|---------------------------------|
| Date 10/14 | Payee name Dizely Kindred St |
|---------------|---------------------------------|

| | |
|----------------------|---|
| Amount (\$) \$199 | Payee address; City; State; Zip Code 334 Boylston St, Boston, MA 02116 |
|----------------------|---|

| | | |
|------------------------|---|----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials exp | Description Appreciation gift |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

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|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-----------------|------------------------------------|
| 4 Date 10/17 | 5 Payee name Democracy Tool Box |
|-----------------|------------------------------------|

| | |
|---------------------------|---|
| 6 Amount (\$) \$500.00 | 7 Payee address; City; State; Zip Code 8552 Royal County Downs, McKinney, TX 75070 |
|---------------------------|---|

| | | |
|------------------------------------|---|--------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense / consulting | (b) Description campaign services |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------|---|
| Date 10/17 | Payee name Lake Highlands White Rock Democrats |
|---------------|---|

| | |
|------------------------|---|
| Amount (\$) \$35.00 | Payee address; City; State; Zip Code 1414 N Washington Ave, Dallas, TX 75204 |
|------------------------|---|

| | | |
|------------------------------------|---|-------------------------------|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage | Description chili cook off |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------|-------------------------------|
| Date 10/09 | Payee name Dallas Examiner |
|---------------|-------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$405.00 | Payee address; City; State; Zip Code 4510 Malcolm X Blvd, Dallas, TX 75218 |
|-------------------------|---|

| | | |
|------------------------------------|---|------------------------------|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description news paper ad |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

| | |
|-----------------|------------------------------------|
| 4 Date 10/09 | 5 Payee name Shell Shack Dallas |
|-----------------|------------------------------------|

| | |
|-----------------------|--|
| 6 Amount (\$) \$31,36 | 7 Payee address; City; State; Zip Code |
|-----------------------|--|

| | | |
|------------------------------------|---|-----------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|-------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME <i>Paypal</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------|---------------------------------------|

| | |
|-----------------------------|--------------|
| 4 Date <i>9/30-10/31</i> | 5 Payee name |
|-----------------------------|--------------|

| | |
|--------------------------------|---|
| 6 Amount (\$) <i>381.10</i> | 7 Payee address; City; State; Zip Code <i>www.paypal.com</i> |
|--------------------------------|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Accounting/banking</i> | (b) Description <i>Paypal expenses/fees</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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